



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600001

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PO'S BARBECUE LLC

DOING BUSINESS AS PO'S BARBECUE

ADDRESS 624 MAIN STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: PAI, PO P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE FRONT IN THE ACTON WOODS PLAZA TO BE USED FOR BARBECUE SPORTS BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600002

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAGOG RESTAURANT CORP

DOING BUSINESS AS SCUPPER JACK'S

ADDRESS GREAT RD.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: MENDOSA, JOHN TYPE OF LICENSE: Restaurant  
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ON NORTHWESTERLY SIDE OF GREAT RD BETWEEN NONSET PATH AND WAY KNOWN AS NAGOG PARK, AS SHOWN ON PLAN ENTITLED "COMMUNITY CONCEPTS CORP SITE PLAN, VILLAGE OF NAGOG WOODS" AS SHOWN ON PLANS ENTITLED BOREL RESTAURANT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600003

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACTON SEAFOOD SALES, INC..

DOING BUSINESS AS ATLANTIC SEA GRILL

ADDRESS 77 GREAT RD.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: ZOSHERAFATAIN, TYPE OF LICENSE: Restaurant  
KATHERINE B

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. APPLICANT OCCUPIES 40% OF FIRST FLOOR WHICH INCLUDES A KITCHEN, MARKET AND RESTAURANT AREA.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600005

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GERARD M. LABROSSE

DOING BUSINESS A

ADDRESS 416 GREAT RD.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLRS;3 ROOMS ON 2ND FLR. 1ST FLR IS KITCHEN AND DINING AREA AS SHOWN ON SCHEME B PRESENTED BY THE APPLICANT AND STAIRWAY TO SECOND FLR MUST BE CLOSED OFF BY LOCKED DOOR SO NO ACCESS CAN BE HAD TO 2ND FLR BY PATRONS. CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600006

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACTON JAZZ CAFE, INC

DOING BUSINESS AS THE ACTON JAZZ CAFE

ADDRESS 452 GREAT RD.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: VIVIAN, GWENNN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1929 SQ FT OF RESTAURANT AND STORAGE SPACE; MAIN ROOM KITCHEN,  
HANDICAPPED ACCESSABLE RESTROOMS. 20 SEAT PATIO, ONE ENT/EXIT AT FRONT, 2  
OTHER EXITS. OFFICE AND STORAGE IN REAR. LOCATED IN RETAIL COMPLEX KNOWN  
AS COLLEGE MALL. ALL ON ONE FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600008

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAKAHA, INC

DOING BUSINESS AS MAKAHA

ADDRESS 255 GREAT ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: CHENG,  
RAYMOND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR IN ONE STORY MASONRY BLDG, NO CELLAR. KITCHEN, DINING ROOM, LOUNGE, ELEVATED STORAGE AREA. FRONT ENTRANCE FACING GREAT RD, REAR SERVICE ENTRANCE AND ONE EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600009

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAHAPANIT CORP.

DOING BUSINESS AS BENJARONG RESTAURANT

ADDRESS 214 MAIN ST.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: HORMWARN,  
WASANT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINLGE STORY RESTAURANT STRUCTURE, MEASURING APPROX 40X55' INCLUDING  
MAIN DINING ROOM, KITCHEN AND LOUNGE, TWO ENTRANCES AND EXITS, ONE IN  
DINING ROOM, ONE IN LOUNGE, RESTROOMS OFF DINING ROOM

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600011

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMAN CORPORATION

DOING BUSINESS AS CROSSROADS

ADDRESS 405 NAGOG SQUARE

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: MANNING, JOHN J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4000 SQ FT CONTAINING KITCHEN, LOUNGE AREA AND DINING ROOM. MAIN ENTRANCE & EXIT AT SIDE OF BLDG. THE SAME SIDE HAS A DOOR FOR THE KITCHEN OR DELIVERY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600013

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST LONDON STYLE PEZZA, INC.

DOING BUSINESS AS NEW LONDON STYLE PIZZA

ADDRESS 555 MASSACHUSETTS AVE.

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: CASSIANI N.  
BOTTOS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE, DINING AND TAKE OUT AREA IN FRONT, KITCHEN AND RESTROOMS  
IN BACK

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600014

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TO BE DETERMINED

DOING BUSINESS AS SPRIGS

ADDRESS 5 STRAWBERRY HILL RD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: SERVEY, MARTHA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH FOUR DINING RMS., KITCHEN AND STORAGE AREA WITH  
ENTRANCE ON STRAWBERRY HILL RD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600015

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELM ASSOCIATES, INC.

DOING BUSINESS AS COLONIAL SPIRITS

ADDRESS 87 GREAT ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: BUSH, TIMOTHY C. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXISTING FIRST FLOOR OF 83 X 110, CONSISTING OF REDEMPTION FOR BOTTLES, SALES, OFFICE, RECEIVING AND STORAGE..SECON FLOOR OF 23 X 91, CONSISTING OF STORAGE ONLY. PROPOSED ADDITION: SECOND FLOOR MEZZANINE FOR STORAGE ONLY..NOT OPEN TO THE PUBLIC

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600016

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIQUOR OUTLET INC

DOING BUSINESS AS ACTON WINE & SPIRIT CO,

ADDRESS 305 MAIN ST

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: ZEITLER,  
STEPHEN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BRICK BLOCK AND STEEL CONSTRUCTION WITH RESTAURANT AND STORAGE AND OFFICE SPACE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600017

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WINE-CASK CELLARS, INC.

DOING BUSINESS AS

ADDRESS 100 POWDER MILL ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: ROTOLANTE, RAL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
PH

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ. FT. RECTANGLE 30 X 100 WALKIN COOLER IN REAR . CUSTOMER ENTRANCE AT FRONT.

I hereby certify and swear under penalties of perjury that:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600018

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROLE CORP.

DOING BUSINESS AS LAST NATIONAL WINE CO.

ADDRESS 18 POWDERMILL ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: PIRO, LEO P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A FREE STANDING BLDG., WITH APPROX. 3500 S.F. OF FIRST FLOOR SALES SPACE AND 1800 S.F. STORAGE AND OFFICE SPACE W/CONTAINER RECYCLING ABILITIES.

I hereby certify and swear under penalties of perjury that:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600020

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALBY CORPORATION

DOING BUSINESS AS ACTON COUNTRY CUPBOARD

ADDRESS 37 MAIN STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: BUSCEMI, JANET E.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG PARALLEL TO MAIN ST WITH ONE ENTRANCE AND ONE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600023

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACTON MARKET, INC

DOING BUSINESS AS

ADDRESS 465 GREAT RD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: RUSSO,  
ANTHONY J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 3000 SQ FT OF FLOOR SALES SPACE AND APPROX 800 SF OF STORAGE SPACE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)





*The Commonwealth of Massachusetts*  
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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600024

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DONELAN'S SUPERMARKETS, INC

DOING BUSINESS AS DONELAN'S SUPERMARKET

ADDRESS 248 GREAT RD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: DONELAN, JOHN  
K.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SUPERMARKET WITH AN IN AND OUT DOOR AT FRONT. THREE RECEIVING  
DOORS AND AN EMERGENCY EXIT ON ONE SIDE AND AN EMERGENCY DOOR IN THE  
REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600026

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Pagren, LLC

DOING BUSINESS A Red White and Brew

ADDRESS 578 Mass Ave

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: Pagano, Phillip

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

two entrances, office and restroom with deliveries in the rear

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600027

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONCORD ACTON SQUASH CLUB, INC.

DOING BUSINESS AS CONCORD ACTON SQUASH CLUB, INC

ADDRESS 29 KNOX TRAIL

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: HODGES, O.  
WAYNE

TYPE OF LICENSE: General on  
premise

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600029

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROSE J. SALA

DOING BUSINESS AS

ADDRESS 251 ARLINGTON STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL DELI WITH 2 PATRON ECITS 38 SEATS LOCATED IN WE ST ACTON VICCAGE,  
MENS AND LADIES ROOM \*NON SMOKING\*

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600031

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BICKFORD'S FAMILY RESTAURANTS, INC.

DOING BUSINESS AS BICKFORD'S FAMILY RESTAURANTS

ADDRESS 20 NAGOG PARK

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: MISSIER, AMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME WITH 2 DINING ROOMS, 2 RESTROOMS KITCHEN, OFFICE,  
ONE MAIN ENTRANCE ONE EMERGENCY EXIT AND ONE BACK DOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600033

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INDOOR SPORTS MANAGEMENT INC

DOING BUSINESS AS OVERTIME BAR

ADDRESS 30 GREAT RD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: MILHOMME,  
CATHERINE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH SMALL PREP AREA AND WALK IN COOLER. TWO BATHS, ONE EXIT  
AND ENTRANCE AND ONE EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600034

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: QUAIL RIDGE COUNTRY CLUB, LLC

DOING BUSINESS AS QUAIL RIDGE COUNTRY CLUB

ADDRESS SKYLINE DRIVE

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: SHEA, JENNIFER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FAMILY CENTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600036

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NOT YOUR AVERAGE JOE'S , INC

DOING BUSINESS AS NOT YOUR AVERAGE JOE'S

ADDRESS 291 MAIN ST

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: DeLONG, LISA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 6103 SQ FT, STORE #30

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600037

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SALERNO'S REST.,INC.

DOING BUSINESS AS SORRENTO'S PIZZERIA

ADDRESS 251 MAIN STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: BASAL,  
MOHAMMED

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600038

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAGDEEP CORPORATION

DOING BUSINESS AS MONSOON

ADDRESS 273 GREAT RD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: GUHANIA,  
NARINDER S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KITCHEN, DINING ROOM, BAR, COAT ROOM, FRONT AND REAR ENTRANCES FROM  
PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600039

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BELLA FAMIGLIA, INC.

DOING BUSINESS AS BELLA FAMIGLIA, INC.

ADDRESS 59 GREAT ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: MOTZI, JOSEPH J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,023 SQ. FT FREE STANDING BLDG WITH 3 EXITS AND SMALL OUTSIDE FENCED IN PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600040

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREAT ROAD PUB & GRILLE INC.

DOING BUSINESS AS GREAT ROAD PUB & GRILLE

ADDRESS 166 GREAT ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: GEHLERT,  
KIMBERLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING SPACE IN A STRIP MALL, ENTRANCES IN FRONT AND REAR  
CUSTOMER SEATING AND KITCHEN SPACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
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*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600041

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACTON BOWLADROME ENTERPRISES INC.

DOING BUSINESS AS

ADDRESS 257 MAIN STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: SUNDBERG,  
LINDSEY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FAMILY ENTERTAINMENT CENTER WITH SIXTEEN LANES AND LARGE ARCADE...SMALL  
FOOD SERVICE AND FUNCTION ROOM...14000 SQ FT WITH ENTRANCE FACING MAIN  
STREET AND THROUGH FUNCTION ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600042

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JULIE'S ENTERPRISES,LLC

DOING BUSINESS AS JULIES PLACE

ADDRESS 208A MAIN STREET

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: SAGANICH,JULIE TYPE OF LICENSE: Restaurant  
ANN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,000 SQ.FT. GROUND LEVEL RESTAURANT WITH TWO SEPARATE ENTANCES AND AN  
EMERGENCY ACCESS IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600043

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HONG AN

DOING BUSINESS AS SPICEPEPPER GARDEN

ADDRESS 36 GREAT ROAD

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: AN, HONG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT BUILDING, BAR, EXITS AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 000600044

CITY OR TOWN ACTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEYOND BORDER TEX-MEX RESAURANT, INC

DOING BUSINESS A BEYOND THE BORDER

ADDRESS 103 NAGOG PARK

CITY/TOWN: ACTON

STATE: MA

ZIP CODE: 01720

MANAGER: NOGUEIRA,  
JOSELY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,400 SQ/FT. FULLR ESTAURANT, ENTRANCE, LOBBY, DINER SEATING, REST ROOMS,  
OFFICE AND KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: